

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH

A. COUNTY

Cochise

2. USUAL RESIDENCE

(WHERE DECEASED LIVED.
IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)

A. STATE

Ariz.

B. COUNTY

Cochise

B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE
RURAL)

Willcox

C. LENGTH OF STAY
IN THIS PLACE IN ARIZONA

43 yrs 43 yrs

C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL)

OR
TOWN

Dragoon

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)

Valley Hospital

D. STREET
ADDRESS

Rural

3. NAME OF
DECEASED

A.

FIRST: James M.

B. (MIDDLE)

M.

C.

(LAST)

Rice

4. SEX

Male

5. COLOR OR RACE

White

(TYPE OR PRINT)

6. MARRIED
NEVER MARRIED
WIDOWED ☐ DIVORCED

7. DATE OF BIRTH

Mar. 9 1919

8. AGE

85

YEARS

9

MONTHS

2

DAYS

9A. USUAL OCCUPATION (GIVE KIND OF WORK
DURING MOST OF LIFE, EVEN IF RETIRED.)

Retiree Rancher

9B. KIND OF BUSI-
NESS OR INDUSTRY

Rancher

10. BIRTHPLACE (STATE
OR FOREIGN COUNTRY)

Texas

11. CITIZEN OF WHAT
COUNTRY?

U.S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

No

No

13. SOCIAL SECURITY
NO.

No.

14A. FATHER'S NAME

James M. Rice

14B. BIRTHPLACE
(STATE OR COUNTRY)

U.S.

15A. MOTHER'S MAIDEN NAME

Unknown

15B. BIRTHPLACE
(STATE OR COUNTRY)

Unknown

16. INFORMANT'S SIGNATURE

Charles T. Shilling

ADDRESS

17. DATE
OF
DEATH

Apr 31 1950

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE
PER LINE FOR (a), (b),
(c).*THIS DOES NOT MEAN
THE MODE OF DYING.
SUCH AS HEART FAIL-
URE, ASTHENIA, ETC.
IT MEANS THE DISEASE
INJURY, OR COMPLICA-
TION WHICH CAUSED
DEATH.PLACE DISEASE CON-
TRACTED.I. DISEASE OR CONDITIONS
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (a) STAT-
ING THE UNDERLYING CAUSE LAST.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

Coronary Occlusion
Myocardial Fibrosis
AtherosclerosisINTERVAL BETWEEN
ONSET AND DEATH

6 months

4 years

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT
SUICIDE
HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME,
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN)

(COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 50 TO Dec 50. THAT I LAST SAW THE DECEASED
ALIVE ON 12-31-50. AND THAT DEATH OCCURRED AT 4:45 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

W. J. Overmeyer MD

23B. ADDRESS

Box 308, Willcox Ariz

23C. DATE SIGNED

1-1-51

24A. BURIAL
CREMATION
REMOVAL

24B. DATE

Jan. 2-51

24C. NAME OF CEMETERY OR CREMATORY

Texas Canyon

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Dragoon Ariz.

25A. DATE REC'D BY
LOCAL REG.

Jan 1, 1951

25B. REGISTRAR'S SIGNATURE

John C. Wilson

26. FUNERAL DIRECTOR'S SIGNATURE

Polly Koltman

27. EMBALMER'S SIGNATURE

CERT. NO.